

County Medical Services Program

Newsletter

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Oct. 2005, Vol. 4

West Nile Virus And Other Vector-Borne Diseases

Record rains this past year may cause an increase in the number of mosquitoes and rodents in San Diego County, potentially resulting in an increase in West Nile Virus (WNV) and other vector-borne diseases. WNV was found in humans, mosquitoes, birds and other animals in California in 2004. Statewide, 830 WNV infections in humans were reported in 2004 and of those, 28 were fatalities. While there have been no positive WNV cases reported so far in 2005 in San Diego County, there were two human cases of WNV documented in 2004. Two horses and 34 wild birds tested positive for the virus last year in the county as well. When seeing patients with neurologic involvement and recent history of exposure to mosquitoes, consider WNV and other important mosquito-borne viral agents of encephalitis in your diagnosis, such as Saint Louis Encephalitis (SLE) and Western Equine Encephalitis (WEE).

There is currently no specific treatment for WNV, but supportive care is important for severe illness. More severe cases often require hospitalization. While there currently is no vaccine against WNV for humans, several companies are working towards developing a vaccine. The most sensitive screening test for WNV is the IgM-capture enzyme linked immunosorbent assay (ELISA). Testing for West Nile virus is available through the County of San Diego Public Health Laboratory. Because the clinical presentation of WNV infection resembles that of other Central Nervous System diseases, it is important to consider other etiologies as well. Suspect cases must be reported to the county health department before referring for testing. Testing is recommended on individuals with encephalitis, aseptic meningitis (> 18 years old), acute flaccid paralysis / atypical Guillain-Barré / transverse myelitis of unknown etiology, and aseptic meningitis in individuals < 18 years old after negative workup for enteroviruses. Specimens required include Acute Serum: > 2cc serum collected < 7 days after onset; Cerebral Spinal Fluid: 1-2cc CSF, if lumbar puncture is performed; and if WNV is highly suspected and acute serum is negative a convalescent (2nd) Serum: > 2cc serum collected 3-5 days after the acute serum. Testing is also recommended on individuals who are seen by a health care provider for a febrile illness compatible with West Nile fever, lasting at least 7 days; a single serum specimen should be collected at the time of visit for WNV IgM testing.

The County of San Diego Public Health Laboratory (PHL) offers free testing for selected vector-borne

diseases including testing for suspected West Nile Virus infection.

For information and specific instructions on collection and submission of appropriate specimens, call the Public Health Laboratory (PHL) at (619) 692-8500.

California updates can be viewed at www.westnile.ca.gov
San Diego County updates can be viewed at www.sdfightthebite.com

P&T Summary (for Provider Newsletter)

Boniva 1 tablet per month will be considered for prior authorization when the criteria is met

- Pagets Disease
- Osteoporosis with a history of compression fracture
- DexaScan T score of ≤ 2.5

Byetta and Symelin will be considered for prior authorization when

- Ordered by an endocrinologist
- Request is submitted with a current HbA_{1c} and the list of medications tried and failed in the last 12 months.

CMS PROVIDER SURVEY

The annual CMS Provider Survey was conducted in July. Four hundred fifty-five surveys were sent to key personnel at hospitals, community clinics, physician offices, and ancillary providers. The response rate was 26%! The information gathered from the survey allows AmeriChoice to examine key processes of importance to the provider community. We want to express our sincere appreciation to all who responded.

WINNER OF THE REGIONAL WATCHDOG AWARD:

**County of San Diego, County Medical Services.
Project Dulce.**

Designed to improve care among low-income, ethnically diverse populations, the County's Project Dulce saves both dollars and lives. Project Dulce targets populations impacted by diabetes with culturally specific education and training. This is a partnership with Scripps Health-Whittier Institutes for diabetes. The partnership trains patients in their primary language to manage their diabetes. The results are dramatic. Participants have shown substantial reductions in their blood pressure, cholesterol and LDL levels. On the fiscal side, expenditures on hospital and emergency room care were cut in half for Dulce participants. That frees up precious healthcare dollars and space in our crowded emergency rooms.

Diabetes Indicator Report- 2004-05

These results were compiled by Liza Macatula, RN, Public Health Nurse with the San Diego County Medical Services Program. The review was conducted at the end of fiscal year '04-05 and the results of the review done one year ago in June '04 are also presented. Our thanks to Liza, for providing us with this important data.

This year we present the results separately for those patients involved in Project Dulce and diabetics who are not part of the Project Dulce program. We can demonstrate that patients involved in Project Dulce had better compliance and scores in all measures of the program. While the scores for both management programs are good to excellent, we can note that the average hemoglobin A1c remained the same for non-Dulce participants while it continued to fall for those participating in the Project Dulce program- reaching an average HbA1c of 7.4%!!

These results, as presented, are at or above the levels required for the Physician Recognition Program run by NCQA, with the exception of nephropathy exam levels for non-Dulce patients.

The Community Clinics have, again, done an outstanding job in caring for the diabetics on the CMS program. I think that all the practitioners that contributed to these outcomes are to be congratulated on a job well done.

The community clinics should continue their work on organizing clinic processes to maintain and improve on the results presented above. We have seen significant improvement in almost all outcomes and I look forward to sharing further good news next year.

CMS Diabetes Indicators Dulce vs. Non-Dulce FY 04-05		
Diabetes Indicators	Project Dulce Enrolled	Non-Dulce
BP checks	100%	98%
Flu Vaccine	81%	55%
Weight/BMI	100%	100%
Annual Exams		
Retinal Exam	93%	78%
HbA1c	100%	99%
Lipid Panel	100%	97%
Foot Exam	100%	83%
Microalbuminuria	93%	66%
Average HbA1c	7.40	7.90
Average LDL	88.3	102.9
# Records Reviewed	27	107

CMS Diabetes Indicators Dulce vs. Non-Dulce FY 03-04		
Diabetes Indicators	Project Dulce Enrolled	Non-Dulce
BP checks	100%	100%
Flu Vaccine	79%	45%
Weight/BMI	100%	98%
Annual Exams		
Retinal Exam	94%	68%
HbA1c	100%	97%
Lipid Panel	97%	87%
Foot Exam	97%	56%
Microalbuminuria	88%	63%
Average HbA1c	7.54	7.87
Average LDL	99.5	111.8
# Records Reviewed	33	120

Look for the following CMS documents on the County's website

Formulary (June 2005)	www2.sdcounty.ca.gov/hhsa/documents/Formulary.pdf
Quick Reference formulary	www2.sdcounty.ca.gov/hhsa/documents/QuickRef.pdf
Provider Newsletter	www2.sdcounty.ca.gov/hhsa/documents/05Vol4.pdf
<i>(Previous volumes: 05Vol1; 05Vol2; 05Vol3)</i>	
Physician Handbook	www2.sdcounty.ca.gov/hhsa/documents/CMS_Physician_Handbook.pdf
Hospital Handbook	www2.sdcounty.ca.gov/hhsa/documents/Hospital_Handbook_03.pdf
Ancillary Handbook	www2.sdcounty.ca.gov/hhsa/documents/Ancillary_HB_2003.pdf

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